COUNTY OF LAKE) SS:)	Parcel No. 45-16-17-182-011.000-042					
	AFFIDAVIT OF S	SURVIVORSHIP	20				
Adeline Nawrocki	being duly sworn upon h	ner oath states as follows:	$\overline{\omega}$				
1) That Henry in Lake County, Indiana, a Crown Point, Indiana, and	s husband and wife in the f	S. Nawrocki, and Adeline Nawn following real estate, known as bed as:	rocki held real estate 131 Crestview Lane,				
Plat Book 30, page	67 in the Office of the Re	rown Point, as per plat thereof corder of Lake County, Indiana cellaneous Record 637 page 46	, as amended				
for Henry S. Nawrocki	nor is one contemplated are due and owing. A cer	on November 7, 2012. No est nor planned to be opened. I tified copy of Henry S. Nawroc	No state nor Tederal				
Dated this <u>Joll</u> da	NOT OFF	ICIAlline Maux					
I affirm under the penaltic	this Document is the start of t	ne p'Adeline Na Pocki, Affia y Record	ant and an included the second				
taken reasonable care to r number in this document	edact each social security anless required by law.	2 2013 CNA					
STATE OF INDIANA))) SS:	y Record 2 2013 MAR 2 2 2013					
COUNTY OF LAKE	Jamianad a Natoria Blass	ARU	ata thia Orthograf				

RE:

131 Crestview Lane

Before me, the undersigned, a Notary Public, in and for said County and State this 20 day of March, 2013 personally appeared Adeline Nawrocki and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 06/29/2017

STATE OF INDIANA

County of Residence: Porter

Notary Public

This instrument prepared by Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)322-1271

RETURN TO: Steve Tokarski, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375

730940

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local	No 00:	3499		EDI	r no 0000	00288	723		State N	<u>10 0498</u>	19		
1. Decedent's Legal Name (First	, Middle, Last)			1a. Maiden Nam	e (If female)		2. Sex	3. Tim	e Of Death	4. Date C	Of Death (Month/Day/Year)	
HENRY S NAWROCK	(I		Q.	A 16			î	MAI		9:30 PM		11/07/2012	
Social Security Number 6a.		6b. Under 1	Year 6c.	Under 1 Month	6d. Under 1 Day	6e. Under 1 Ho	ır 7. Date	e of Birth (Mon	th/Day/Year)	8. Birthplace (City	and State	or Foreign Country)	
40	96	Months	Day	'S	Hours	Minutes		03/08/19	916	GARY, IN			
9. Ever in U.S. Armed Forces?		th Occurred In	A Hospital:		1	10a. If Death O							
11. Facility Name (If Not Institut	'					Carlei (Opeci							
ST ANTHONY HOSP	ICE-CRC	WN POIN	IT										
12. City Or Town, State, And Zip	Code					13. Coun	ty Of Death			14. Marital Sta			
CROWN POINT, IN. 46307						LAKE				Married			
15. Surviving Spouse's Name	+0307			15a	a. (If Wife)Give Maider			16. Decede	ent's Usual Occup	pation	17. Kind	Of Business/Industry	
							ia .						
ADELINE NAWROCK	(18a. Cour		OODKA	18b. City Or	Town	ROLLD	ESIGNER		08 811	EEL COMPANY	
18. Residence - State			ioa. Coui	ity		10D. Ony Or							
INDIANA			LAKE			CROWN	POINT	· · · · ·	404 Ant No	18e. Zip (Codo	18f. Inside City Limits?	
18c. Street And Number									18d. Apt. No.	18e. Zip (
131 CRESTVIEW LA	NE									463	307	Yes No	
19. Decedent's Education			20. De	cedent Of Hispa	nic Origin	21	. Decedent	's Race					
HIGH SCHOOL GRA	DUATE (OR GED	NOT	HISPANIC	:	w	nite						
22. Father's Name (First, Middle	Last)	·	1101	THOI THIC	,	23. Mother's Nan		ddle, Last)		23a. N	Nother's Mai	iden Last Name	
											TNIX		
STANLEY NAWROC 24. Informant's Name	KI		24:	a. Relationship	To Decedent	MARY NAV			City, State, Zip C	TRAI	FINT		
				,		404 ODEC	EV (15.74.1	ANE CO	OVANI DOIN	IT IN 4620	7		
ADELINE NAWROCK	(1		Į VV	FE	25 Dia	ce Of Disposition	VIEVV	ANE, CR	OVVIN POIL	NT, IN 4630	<u> </u>	.,	
25a. Method Of Disposition		2	5b. Place O	f Disposition (N	ame Of Cemetery, Cre		ce) 25c.	Location - City	, Town, And State	3			
Burial Cremation D	onation 🔲 E	ntombment		_ / 1	DOOTE	100 040	+ 10						
Removal From State Other (Specify):		S	T MAR	CEMET	RY	mem	CR	OWN PO	NT. IN				
26. Was Coroner Contacted?	27			ress Of Funeral			TA	T			27a. Fur	neral Home License Number:	
Yes 🛛 No	_		/	NU		4 E EDANG	A	DD CDO	A/AL DOIAIT	INI 46207	ЕПОЗО	001261	
27b. Signature Of Indiana Fune			IVILE	-UNERAL	SERVICE, 81			2	7c. License Num	ber (Of Licensee):	ГГПОЗС	301201	
THOMAS G. PRUZIN	I , BY EL	ECTRONI	C SIGN	ATURE	cument		prop		D01009893	Lum O'rlon, M	eran in projection	The second secon	
28. Part I. Enter The Chain	Of Events	Diagram Init	rios Or Co	the F	ause Of Death (See	Instructions A	nd Exampl lot Enter Te	es) erminal Event			成版 15 A T 13 - 17 17 8	Approximate Interval: Onset	
Such As Cardiac Arrest, Re	spiratory Arr	est, Or Ventric	ular Fibrilla	tion Without S	howing The Etiology	. Do Not Abbrevia	ate. Enter C	Only One Cau	se On		Mil. 49	T D 0	
A Line. Add Additinal Lines		'			EUR 074 0F 04 DF	NA O DIOCA OF				SER I I DESCRIPTION			
Immediate Cause (Final Dis	ease Or Cor	ndition Resultin	ng In Death) A.	END STAGE CARE	DIAC DISEASE	Due to (C	or As A Consequence	e Of):	C. HATH	7 9	entra i	
Sequentially List Conditions	If Any les	ading To The (cause Liste	d On B.				or As A Consequenc		WIN	1.3	7012	
Line A. Enter The Underlying	ng Cause (D	isease Or Inju	y That Initi	ated			Due to (C	or As A Consequenc	e Ut):				
The Events Resulting In De	atn) Last			C.			Due to (C	Or As A Consequenc	e Of):		-		
				D.									
Part II. Enter Other Significant C	onditions Cor	ntributing to Dea	ith But Not F	Resulting In The	Underlying Cause Giv	in In Part I	29. W	/as An Autopsy	Performed?	☐ Yes_	⊠ No	and the second s	
							30. W	/ere Autopsy Fi	_	o Complete The C	ause Of De	eath? Yes No	
31. Did Tobacoo Use Contribut	e To Death?	32.	If Female:	thin Dast Voc	Pregnant At Time Of Death	Not Program Dut	Pregnant Within	42 Days Of Death	33. Manner (Accident I	Pending Investigation	
Yes Probably No	☑ Unknowr				To 1 year Before Death	Unknown If Pregna	int Within The Pa	ast Year	☐ Suicide	Could Not Be D	etermined		
34. Date Of Injury (Month/Day/	Year)		Time Of Inj			ce Of Injury (E.G.,	Decedent's I	Home, Constru	ction Site, Restau	rant, Wooded Are	ea) 3	7. Injury At Work?	
					E A I		E					Yes No	
38. Location Of Injury - State		38a.	City Or To	wn	38b. S	treet & Number	THE STREET			38c. Apt. I	No. 3	8d. Zip Code	
					E ·	EAL	3						
39. Describe How Injury Occurr	red				See IN	DIANA JUL		//	40. If Transp	ortation Injury, Sp or Passenger F	ecify: Pedestrian	Other (Specify)	
					Thin	Thin the					·····		
41. Signature, Of Person Certi KATHRYN HENKLE	fying Cause C	Of Death: ΔΝ Β∨ ⊏	FCTR	ONIC SIGI	NATURE				ertifier (Check On ertifying Physician		er 🗆] Heath Officer	
43. Name, Address And Zip Co	de Of Person	Certifying Caus	se Of Death:	21410 0101	, w. 5.1 spf 1-5 hm			1 23 50		ense Number		5. Date Certified	
					LIITE 102 DVI	ED IN 4624	1		0105	2342A		11/08/2012	
KATHRYN HENKLE 46. Additional Funeral Service	IVIULLIG	AN , 919	C MINIV	INCEI, S	OIIE IUZ, DYL	_17, 114 4031	1		47. *A		L	11/00/2012	
								140 F	opietra: O=!	Date Filed /Marsh	/Day/Voor		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE 49. For Registrar Only - Date Filed (Month/Day/Year): NOV 13 2012													
SUSAN VV. DEST, VI	A LLEU	INCINIC S	ONAIL	AMENAM	enutaterata	TEOP DEATH (ENTRYOR	ORIGINAL	ocurity	110 4 10			
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENAMENTIQUE REPORT FOR CONTROL SECURITY Raken reasonable care to reduct each Social Security Raken reasonable care to reduct each Social Security													
And the sound the sound seemed seeming the													
				Alin	oas telece ne	o redaction	e care t	demosse.	a moder .	•			
					11 tedt, vanis oak inissi iss								
State Form 53395 ATTENTI	ON ESTATE	: The Social S	ecurity # is	being request	ed by this state ager	ncy in order to pu	rsue respoi	nsibility. Disc	losure is volunta	ry and there will	be no pen	alty for refusal.	